

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2006 8:00 am x1
Secretary of State

03-07-2006 90013 046 ***150.00

DOCUMENT #	P02000050458
1. Entity Name	
JAON IOIA, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
284 SW NORTH QUICK CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PORT SAINT LUCIE, FL			
Zip	Country	Zip	Country
34953			

50001129

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
75-3056222		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
JASON IOIA	
Street Address (P.O. Box Number is Not Acceptable)	
284 SW NORTH QUICK CIRCLE	
City	Zip Code
PORT SAINT LUCIE, FL	34953

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jason Ioia* DATE 3/4/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE	PRESIDENT	TITLE	
NAME	JASON IOIA	NAME	
STREET ADDRESS	284 SW NORTH QUICK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jason Ioia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/06
Date

772-201-3671
Daytime Phone #